

**INCOME AND EXPENSE QUESTIONNAIRE – CITY OF GLOUCESTER, MA  
MARINAS**

**Information from previous calendar year  
FISCAL YEAR**

Please Return to:  
City of Gloucester, Massachusetts  
Assessor's Office  
City Hall 9 Dale Street  
Gloucester, MA 01930

**NOTE: THIS IS A TWO SIDED DOCUMENT  
NOTE: SIGNATURE IS REQUIRED ON SECOND PAGE**

Parcel Location:  
Parcel Map and Lot:  
Parcel ID:  
Use Code:

**SECTION I: GENERAL DATA**

Please check which of the following **BEST DESCRIBES** your marina operation:

Marina		Dockominium/Cooperative	
Dry Land Marina		Mixed Use	
Boatyard		Winter storage	
Marina/Boatyard		Other: _____	
Yacht Club			
Park/Public Moorage			

Please provide a schedule of season and off-season rates for all facilities.

**In water facilities – Please fill in all that apply:**

Type of Spaces:	Number of Slips:	Season Rate:
Open		
Covered		
Enclosed		
Total		

**Available utilities - Please check all that apply:**

Electricity 110 V	
Electricity 220V	
Water	
Cable TV	
Other: _____	
Other: _____	

**Launching facilities-Please check all that apply:**

Crane	
Forklift	
Hydraulic Trailer	
Travel lift and Well	
Other: _____	
Other: _____	

**Dry land facilities-Please check or complete all that apply:**

Dockside Services:	Chk	Boat/Auto Storage:	#	Additional Facilities:	Chk	Additional Facilities:	Chk
Office		Drystack		Overnight Dockage		Rental/Charter Service	
Fuel Facilities		Other Indoor		Retail Store		Laundry	
Engine Repair		Outdoor		Restaurant		Showers	
Fiberglass Repair		Auto Spaces		Apartments		Restrooms	

**SECTION II: INCOME FROM ACTUAL SLIPS**

Please identify the number of slips by the length/width of slip and rental rate for each size category on a separate sheet. Also please reflect the rental basis(\$/LF; \$/Unit/Season).

**SECTION III: PRODUCT AND SERVICES INCOME**

Slips/Mooring available for Transients:	\$
Storage/Hauling	\$
Launch Service:	\$
Repair Service:	\$
Fuel/Oil Sales:	\$
Retail sales:	\$
Food service:	\$
Apartment/Lodging Income:	\$
Utility Charges:	\$
Other: _____	\$
<b>Total Annual Income:</b>	<b>\$</b>

**SECTION IV: EXPENSES FOR PREVIOUS FULL CALENDAR YEAR**

If entering "Other", please describe.

Expense Type	Amount	Expense Type	Amount
1. Management Fee	\$	20. Maintenance Contract Fee	\$
2. Legal/Accounting	\$	21. Maintenance Supplies	\$
3. Security	\$	22. Maintenance Groundskeeping	\$
4. Payroll	\$	23. Maintenance Trash Removal	\$
5. Group Insurance	\$	24. Maintenance Snow Removal	\$
6. Telephone	\$	25. Maintenance Exterminator	\$
7. Advertising	\$	26. Maintenance Elevator	\$
8. Commissions	\$	27. Insurance (1 Year Premium)	\$
9. Repairs Exterior	\$	28. Reserves for Replacement	\$
10. Repairs Interior	\$	29. Travel	\$
11. Repairs Mechanical	\$	30. Other _____	\$
12. Repairs Electrical	\$	31. Other _____	\$
13. Repairs Plumbing	\$	32. Other _____	\$
14. Utilities Gas	\$	33. TOTAL (Add 1 through 32)	\$
15. Utilities Oil	\$	34. Real Estate Taxes	\$
16. Utilities Electricity	\$		
17. Utilities Water	\$		
18. Utilities Sewer	\$		
19. Maintenance Wages	\$		

**SECTION V: SIGNATURE**

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: (Please print) ..... \_\_\_\_\_

Title: ..... \_\_\_\_\_

Signature of owner or preparer: ... \_\_\_\_\_

Phone: ..... \_\_\_\_\_

Date: ..... \_\_\_\_\_